FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB A	OMB APPROVAL								
OMB Number: 3235 0076 Expires: April 30, 2008 Estimated average burden hours per form 16									
SEC	USE ONLY								
Prefix Serial									
DATE RECIEVED									

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Private Placement of Units
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506 Section 4(6) □ ULOE Type of Filing: ☒ New Filing □ Amendment
A. BASIC IDENTIFICATION DATA
Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) China Yingxia International, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) 511 No.300 Xidazhi Street Nangang, Harbin Heilongjiang F4 150001 Telephone Number (Including Alea Code) 86 451 86310948
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business
Development, production and sales of organic agricultural by-products and nutritional health food products.
Type of Business Organization ☐ corporation ☐ limited partnership already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed ☐ other (please specify): ☐ PROCESSED
Actual or Estimated Date of Incorporation or Organization: Month Year 9 6 Actual Estimated SEP 1 4 2007
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FL CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA										
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual) Jiao Yingxia										
Business or Residence Address (Number and Street, City, State, Zip Code)										
No. 300 Xidazhi Street, Nangang Harbin Heilongjiang										
Check Box(es) that Apply: ☐ Promoter Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual) Deng Lantin										
Business or Residence Address (Number and Street, City, State, Zip Code)										
No. 300 Xidazhi Street, Nangang Harbin Heilongjiang										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)										

Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	·	·		
Business or Residence Address (Number a	nd Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd Street, City, State, Zi	ip Code)		

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	· ·					B. IN	FORMA	TION AB	OUT OF	FERING	<u>-</u> .		
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC unifor with a state or states. Jis the name of the broker or dealer, if none run first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer: States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Al. J. J. J. K. J.	1. Has the	Answer also in Appendix, Column 2, if filing under ULOE.											No.
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or geater of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer: States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check'All States' or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [ID] [ID] [ID] [ID] [ID] [ID] [I	2. What is	What is the minimum investment that will be accepted from any individual?											\$250,000
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the officing. Person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer: States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [CA] [HI] [ID] [MI] [MI] [MI] [MI] [MI] [MI] [MI] [MI	3. Does th												Yes
Business or Residence Address (Number and Street, City, State, Zip Code)	person to states, list	on or simila be listed is the name o	r remuner an association and association association and association association association association association association association and association associati	ation for so ated perso ker or dea	olicitation n or agent ler. If mor	of purchase of a broke than five	sers in con er or deak e (5) perso	nection w er register ons to be l	ith sales of ed with the isted are a	securities SEC and	in the offe /or with a	ring. If a state or	
Name of Associated Broker or Dealer:	Full Name	: (Last nam	ne first, if i	ndividual)								2000
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business	or Residence	e Address	(Number	and Stree	t, City, St	ate, Zip C	ode)					
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [ILA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MI] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [ID] [IL] [IN] [ILA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Lall States" (Lat.) [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [ID] [ID] [ID] [ID] [ID] [ID] [I	Name of A	Associated	Broker or	Dealer:									
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MN] [MN] [MN] [MN] [MN] [MN] [MN] [MN						ends to So	licit Purch	nasers					OAD States
International Content of the Conte												r un	~
MT NE NV NH NJ NM NY NC ND OH OK OR PA R1 SC SD TN TX UT VT VA WA WV WI WY PR PR					-	- I							
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							[NY]	[NC]	[ND]	[OH]	[OK]		
Business or Residence Address (Number and Street, City, State, Zip Code)	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name	e (Last nam	ne first, if	individual)								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business	or Residenc	ce Addres	s (Number	and Stree	t, City, St	ate, Zip C	ode)					
Check "All States" or check individual States CA CO CT DE DC FL [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MI] [NV] [NV] [NV] [NV] [NV] [NV] [NV] [NV] [VV]	Name of A	Associated	Broker or	Dealer	_			-					
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) LAll States (AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [ID] [IL] [IN] [IN] [IN] [IN] [IN] [MS] [MO] [MT] [NE] [NV] [NH] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]							rchasers			110			All States
II. IN							[CT]	[DE]	[DC]	[FL]	[GA]		
RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) LIAll States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	[IL]				-					T		1 7	• •
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) pall States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	77											7 . 7-	
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) LAll States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	Full Name	(Last name	first, if ind	ividual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) :: IAll States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	Business	or Residen	ce Addres	s (Number	r and Stree	t, City, St	ate, Zip C	ode)	•				
(Check "All States" or check individual States ::All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	Name of	Associated	Broker or	Dealer									
[AL] [AK] [AZ] [AR] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MN] [MN] [MN] [MN] [MN] [NV] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	States in W	/hich Person	Listed Ha	s Solicited o	or Intends tes) \square All	o Solicit Pu States	ırchasers						
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]						1 .1	I I
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]						T . T-		<u> </u>					<u>-</u> -
			=	[אדן]	[TX]	[UT]	[VT]				<u> </u>		[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchange.		
	Type of Securities	Aggregate Offering Price	Amount Aiready Sold
	Debt	\$)	(2
	Debt	\$9,000,000	\$9,149,000
Eq	quity Common Preferred		
	Convertible Securities.	0	0
	Partnership Interests	0	0
	Other (Specify)	0	\$ 0
			•
	Total	<u>\$</u>	\$ 0
2.	Enter the number of accredited and nonaccredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	16	\$9,149,000
	Non-accredited Investors	<u>o</u>	Q
	Total (for filings under Rule 504 only)	<u>N/A</u>	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part G Question 1.	Type of Security	Dollar Amount Sold
	Type of offering	N/A	N/A
	Rule 505	N/A	N/A
	Regulation A	N/A	N/A
	Rule 504	N/A	<u>N/A</u>
	Total	N/A	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the left of the estimate.		
	Transfer Agent's Fees.	х	1500
	Printing and Engraving Costs	x	1,000
	Legal Fees	x	\$10,000
	Accounting Fees	٥	0
	Engineering Fees		0
	Sales Commissions (specify finders' fees separatel)	0	0
	Other Expenses (identify):fees related to administrative and travel and other miscellaneous expenses.	٥	0
	Total	x	<u>\$12,500</u>

•			IVESTORS, EXPENSES AND U		PROCEEDS		
to	ter the difference between the aggregate offering all expenses furnished in response to Part C - Queeds to the issuer."	uestion 4.a. This	difference is the "adjusted gross				\$9,136,500
purp of th	rate below the amount of the adjusted gross process shown. If the amount for any purpose is not estimate. The total of the payments listed must onse to Part C - Question 4.b above.	t known, furnish	an estimate and check the box to t	he left			
					Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees (specify) assembly worker	'S				□	
	Purchase of real estate					0	
	Purchase, rental or leasing and installation o	of machinery and	equipment			0	
	Construction or leasing of plant buildings ar	nd facilities			-	_ 0	
	Acquisition of other businesses (including the may be used in exchange for the assets or se	curities of anoth	er Issuer pursuant to a merger).			o	
	Repayment of indebtedness						
	Working capital					_ x	\$9,136,500
	Other (specify):					0	
	Column Totals				\$	_ □	\$9,136,500
	Total Payments Listed (column totals	s added)			Ø	<u>\$9,136,</u>	<u>500</u>
	· · · · · · · · · · · · · · · · · · ·	D. FED	DERAL SIGNATURE				
constit	uer has duly caused this notice to be signed by tes an undertaking by the issuer to furnish to the er to any non-accredited investor pursuant to pa	: U.S. Securities:	and Exchange Commission, upon v	tice is fi vritten re	led under Rule equest of its staf	505, the fo	ollowing signature nation furnished by
	Print or Type) : Yingxia International, Inc.	Signature	地段	Date	917/0	7	
Name (Yingxi	f Signer (Print or Type): a Jiao		er (Print or Type): Chief Executive Officer				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

• •		E. STATE SIGNATURE		
1.	Is any party of such rule	described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions	Yes	No ⊠
		See Appendix Column 5 for state response		

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.

The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to
offerers.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

China Yingxia International, Inc.	Signature A A A A A A A A A A A A A A A A A A A	September 2, 2007
Name of Signer (Print or Type): Yingxia Jiao	Title of Signer (Print or Type): President, Chief Executive Officer	

Terezinha Jakupovic
Notary Public State of New York
No. 01JA6031746 Qualified in Queens County
Certificate filed in New York County
Commission Expires Oct. 12, 2009

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX Type of investor and amount purchased in State (Part C-Item 2) Disqualification under Type of security Intend to sell to State ULOE (if yes, attach and aggregate non-accredited explanation of waiver offering price investors in State granted) (Part E-Item 1) offered in State (Part B-Item 1) (Part C - Item 1) No Number of Amount Yes Number of Amount No State Yes Non-Accredited Accredited Investors Investors AL ΑK ΑZ AR X \$500,000 0 Common Stock X CA \$1.00 per share with warrants CO X \$330,000 0 Common Stock CT X \$1.00 per share with warrants DE DC FL GA HI ID ΙL IN IA KS KY LA ME MD

MA

ΜI

MN

MS

MO

· •	.			<u></u> _	APPENDIX				
•	non-ac	to sell to credited ors in State 3-Item 1)	Type of security and aggregate offering price offered in State (Part C - Item 1)	Type of inves	tor and amount pu	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ									
NE			<u></u>					<u> </u>	
NV									
NH									
NJ		X	Common Stock \$1.00 per share with warrants	1	\$1,250,000	0			Х
NM									
NY		х	Common Stock \$1.00 per share with warrants	7	\$3,620,000	0			Х
NC									
ND									
ОН									
ок									
OR									
PA									
RI									
sc									
SD									
TN		х	Common Stock \$1.00 per share with warrants	1	\$500,000	0			Х
TX		х	Common Stock \$1.00 per share with Warrants	2	2,949,000	0			X
UT									
VT									
VA									
WA									
wv									
WI									
WY									

PŘ ,

9 of 9

END